

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025837

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

918

Primary Registration District No.

1003

Registrar's No.

6772

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS

Length of stay in 1b

23 HRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

c. CITY

OR

TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. ANTHONY

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

4031 PENNSYLVANIA

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

LOUIS

Middle

ENRICHARD

Last

4. DATE

OF

DEATH

Month

Day

Year

JUNE - 25 - 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/2/79

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEEL BUILDER

10b. KIND OF BUSINESS OR INDUSTRY

CONTRACTOR

11. BIRTHPLACE (City and state or country)

ILL.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES

13b. MOTHER'S MAIDEN NAME

MARY SCHMIDT

14. NAME OF HUSBAND OR WIFE

AMELIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

AMELIA ENRICHARD

Address

4031 PENNSYLVANIA

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

DUE TO (b)

Coronary Arteriosclerosis

Unk

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 14 APRIL 1962 to 25 JUNE 1963 and last saw her/him alive on JUNE 25, 1963

Death occurred at 202 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

4405 Virginia

22c. DATE SIGNED

June 27, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

6/28/63

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS, CO. MO

(State)

24. FUNERAL DIRECTOR

SCHUMACHER FUNERAL HOME, INC.

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUN 28 1963

26. REGISTRAR'S SIGNATURE

Donald Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Jack Hauge*

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.